PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  Application or Docket Number  COTH 489											nber	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	•	R THAN ENTITY
TOTAL CLAIMS			3			•		RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC FI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. 0			X\$ 9=		OR	1/2/2	
INDEPENDENT CLAIMS			minus 3 =					X43=	+	1	· X86=	
ML	ILTIPLE DEPE	NDENT CLAIM P					115	+	OR	<u> </u>	-	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	+145=	100-	OR	+290=	
CLAIMS AS AMENDED - PART II								TOTAL	885	OR	TOTAL	<u> </u>
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMĘNT A	3/15/17	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3	Minus	-20	2	-		X\$ 9=		ÒR	X\$18=	
	Independent	• /	Minus	7		- /	P	X43=	1	OR	X86=	
	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT	CLAIM			+145=		1	+290=	
								TOTAL	1/	OR	TOTAL	
	•	(Column 1)		(Cal	- O\	(Cal 6)		ADDIT. FEE		OR	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST. ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		= .	İ	X43= ·	·		X86=	
۱_	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM					OR		
							I	+145=		OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ODIT. FEE	
1		(Column 1) CLAIMS		(Colum		(Column 3)		· · ·		_		
MEN	-	REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	±	Minus	**		=	ſ	X\$ 9=		OR	X\$18=	
	Independent		Minus	400			l	X43=			X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		•			OR		
• If	the entry in colum	nn 1 is less than the	B <b>entry in co</b> ho	nn 2. write "	O° in coli	ມກາກ 3 ·	L	+145=		OR	+290=	
!! !!	the "Highest Nur the "Highest Nur	nber Previously Pal nber Previously Pai ber Previously Paid	d For IN THIS id For IN THIS	S SPACE is I	ess than less than	20, enter "20."		TOTAL DDIT. FEE nd in the ap			TOTAL DDIT. FEE mn 1.	

FORM PTO-875 (Rev. 10/03)

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